

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/										
TOTAL DEP.											
TOTAL CLAIMS	/										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS